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CONFIRMATION NO. 3410

<b>SERIAL NUMBER</b> 10/709,411	<b>FILING OR 371(c) DATE</b> 05/03/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> D-1126.1	
<b>APPLICANTS</b> William R. Deagle, Denver, CO;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/995,117 11/26/2001 PAT 6,730,667					
<b>** FOREIGN APPLICATIONS *****</b> none					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/30/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
<b>ADDRESS</b> 26092					
<b>TITLE</b> Iontophoresis Disc Pain Blocker					
<b>FILING FEE RECEIVED</b> 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				<input type="checkbox"/> All Fees
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